**IMMUNIZATION RECORD**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
MR NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Before administering any vaccine, give the resident or representative a copy of the pertinent Vaccine Information Statement (VIS) or Emergency Use Authorization (EUA) Fact Sheet and make sure he/she understands the risks, benefits and potential side effects of the vaccine. This form may also be used to track vaccines administered prior to admission or otherwise administered outside the facility.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Vaccine** | **Type of Vaccine1** | **Date Given (Mo/Day/Yr)** | **Route2 and Site3** | **Vaccine Lot #/Mfr.** | **Received Outside Facility4 (Y/N**) | **Signature** |
| **Tetanus, Diphtheria, Pertussis (e.g., TD, Tdap)** |  |  |  |  |  |  |
| **Pneumococcal****(e.g., PCV13,****conjugate: PPSV23, poly- Saccharide)** |  |  |  |  |  |  |
| **Respiratory Syncytial Virus (RSV)** |  |  |  |  |  |  |
| **Influenza (e.g., IIV3,trivalent inactivated; IIV4, quadrivalent inactivated; RIV, recombinant inactivated;** |  |  |  |  |  |  |
| **COVID-19 #1** |  |  |  |  |  |  |
| **COVID-19 #2** |  |  |  |  |  |  |
| **COVID-19 #3** |  |  |  |  |  |  |
| **COVID-19 Booster** |  |  |  |  |  |  |
| **COVID-19 Booster** |  |  |  |  |  |  |
| **COVID-19 Booster** |  |  |  |  |  |  |
| **Other** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Notes:**

**DO NOT THIN THIS DOCUMENT FROM THE CHART.**

1. Record the generic abbreviation or the trade name for each vaccine.
2. (IM) intramuscular, (SC) subcutaneous, (ID) intradermal, (IN) intranasal, (PO) oral.
3. (RA) right arm, (LA) left arm, (RT) right thigh, (LT) left thigh.
4. If received outside facility, unknown details may be left blank.